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No. 1.

MEDICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL.—NO. II. SERVICE OF DR. MINOT.

Reported by Mr. WILLIAM L. RICHARDSON.

[Communicated for the Boston Medical and Surgical Journal.]

CASE IV.—*Amenorrhœa; Recovery.*—J. F., domestic, single, aged 21, entered the hospital July 22, 1866. States that her catamenia were always regular till April 1st, when, instead of lasting two days (as was usual), they were arrested, without any assignable cause, shortly after their appearance, and have not since returned. Pulse normal. Bowels costive. Appetite poor. Complains of headache and of a general feeling of *malaise*. House diet. Warm foot-bath every night. **R.** *Pulv. ferri gr. ij. ter die.*

July 23d.—Electricity from sacrum to pubes twice a day for five minutes.

28th.—Catamenia appeared this morning. Omit electricity.

30th.—Catamenia continue. No headache. Feels in every way very much improved.

31st.—Catamenia ceased yesterday. Bowels regular. Feels perfectly well, and was discharged.

In cases of simple amenorrhœa, without organic cause, especially in chlorotic patients, the continued current, passed from the pubes to the sacrum for a few minutes, once or twice a day, has been found very efficacious in this service, either alone or in combination with other emmenagogues.

CASE V.—*Diabetes; Marked Improvement.*—B. B. N., stone-cutter, married, aged 30 years, entered the hospital Oct. 2d, 1866. Patient's father died of diabetes. For the last twenty years he has suffered more or less from an eczematous eruption on various parts of the body. This left him about the first of May, at which time he began to suffer from constant thirst, and his urine became increased. His strength soon began to fail, his weight rapidly diminished, his thirst increased daily, as did also the amount of urine. For the last six weeks his eyesight has become impaired.

Symptoms on admission:—Great emaciation; his weight, which

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in July was 167 pounds, is reduced to 143½ pounds. Pulse 84. Bowels regular; appetite good; tongue parched and rough, looking like a piece of dried leather; thirst almost intolerable. He is obliged to rise eight or nine times in the course of the night to pass his water. Complains of a feeling of great prostration.

Urine: sp. gr. 1030; neutral; colorless; sweet; odor, faint; chlorides diminished; sugar abundant.

He was put upon a diet of coffee or tea, with a little milk, meat, fish, cabbage, eggs, butter, cheese, bran bread, and a little wheaten bread thoroughly roasted. Two drops of creosote, three times daily. A warm bath twice a week. The treatment was not changed during his stay in the hospital, and the improvement was very rapid. Oct. 6th, there was "marked diminution in thirst and desire to urinate." 7th.—"Thirst almost gone. Quite comfortable in every respect." 16th.—"Reports himself as 'perfectly well'; was not obliged to rise once last night to pass his water." He was discharged at his own request, Oct. 16th, but returned occasionally to report, till the middle of January, there having been no relapse. He was again seen, June 22d, when his condition was about the same as on leaving the hospital. He reported that he had been gaining strength slowly, and expected to go to work early in July. The last two months he had not closely followed the diet prescribed for him in the hospital.

The following table exhibits the amount and specific gravity of the urine, and the weight of the patient at intervals for a period of three and a half months while he was under treatment.

<i>Date.</i>	<i>Amount of urine in 24 hours.</i>	<i>Sp. Gr.</i>	<i>Patient's Weight.</i>
Oct. 2	9½ quarts	1030	143½ lbs.
5	10½ "	1042	
6	6½ "	1038	
7	3½ "	1038	
9	4 "	1032	
10	5 "	1024	
11	4 "	1028	
13	3½ "	1026	
15	4½ "	1025	140 "
28*	5 "	1038	
Nov. 13	3 "	1035	
27	4½ "	1035	152½ "
Dec. 11	4½ "	1031	157 "
24	4 "	1034	
Jan. 8	5 "	1031	159 "
14	4 "	1030	164 "
June 22	4 "	1032	144 "

Sugar was abundant in all the specimens.

It will be seen that the improvement was manifested chiefly in the general condition of the patient, the relief of all urgent symptoms, great gain in strength and weight, and a diminution in the amount of urine. There was little or no diminution in the amount of sugar in the urine, and hence the patient could not be considered as cured;

* Had left the hospital, and was probably not so particular in his diet.

but there is no doubt that by adhering to a restricted diet he could live in a fair state of health for a considerable time, perhaps for many years.

CASE VI.—*Erythema Nodosum; Recovery.*—Harriet B., domestic, single, aged 18, entered the hospital March 26th, 1867.

History of the case:—Never very strong; character doubtful. March 23d, complained of some soreness above right ankle. An examination disclosed an eruption extending from ankle to knee on both legs. The next day it appeared on the left arm; the day following on the right arm.

Symptoms upon entrance:—Pulse 72. Tongue coated. Appetite poor. Bowels costive. On both arms and legs spots can be seen, varying in size from that of a cent to that of half the palm of the hand; slightly elevated; red or purple; excessively tender; hard to the feel, the color fading on pressure; accompanied by great heat and burning.

She was placed on liquid farinaceous diet, with beef-tea. Five grains of iodide of potassium, three times daily, were ordered; the bowels were regulated by laxative medicine, and a lotion of diluted alcohol was applied to the eruption. The eruption began to fade March 27th, though still painful. On the 30th, it was rapidly disappearing. The pain was relieved April 6th, there was no trace of the eruption, and the general health was greatly improved.

CASE VII.—*Psoriasis; Recovery.*—A. F., a little girl aged 8, entered the hospital April 30th, 1867.

History of the case:—Three months ago, a slight eruption was noticed on both hips. Gradually it spread over the body, and finally over both arms and legs. Two weeks since, it appeared on the face. The eruption first appeared as small spots, of a glistening white color. These increased from the original spot as a centre, till they acquired a size varying from a quarter of an inch to more than an inch in diameter. When they fade, which is rarely the case, they fade in the centre first.

Symptoms upon entrance:—Pulse 90. Bowels regular. Appetite poor. Some emaciation. Over the body and legs numerous patches, more or less circular in form, are to be seen, covered with white glistening scales, beneath which the skin is of a bright red hue. On the arms the scales appear to have fallen, and there now remains only a dark red surface.

She was put on house diet. Two drops of Fowler's solution were given three times daily, after meals; two grains of compound rhubarb pill, daily; a tepid alkaline bath every night. May 5th, the color of the spots was much fainter; the improvement continued without interruption. The general health and appetite also greatly improved. June 7th, "scars alone mark the seat of the previous eruption. Discharged."

CASE VIII.—*Exophthalmia; Recovery.*—M. R., a young woman 24

years old, an operative by profession, single, entered the hospital July 17th, 1866.

History of the case:—During the last three years she has been losing flesh, and for the past two years has become nervous and irritable, and has suffered from a profuse leucorrhœa. The past year she has been gradually becoming myopic. Has also suffered a great deal from palpitation of the heart, and severe pain under the left breast. The eyes gradually became prominent, and the past few months she has complained of a "deadening pain" through the eye-balls, especially when they were exposed to a strong light. Two months before entrance, she noticed a tumor in the region of the thyroid gland, giving rise to some pain whenever she attempted to swallow.

Symptoms upon entrance:—Pulse 100; appetite good; bowels rather costive; catamenia regular; profuse leucorrhœa; sleeps poorly, though without any assignable cause. No increase of praecordial dulness; slight systolic murmur at the base of the heart, loudest between second and third ribs close to edge of sternum. Same murmur, but louder, audible in both carotids. Impulse of heart and of carotids quite strong. Thyroid gland considerably enlarged, mostly on left side. Eyes extremely prominent and brilliant, giving a staring look to the patient; conjunctivæ somewhat injected; lids can be closed by patient only with an effort. Pupils somewhat contracted. Use of eyes in reading or writing causes fatigue and pain. Frequent headache.

The patient was directed to keep out of doors several hours daily, in good weather, to have a good diet, to take a cold sponge bath every morning, and a warm foot bath every night. She was ordered the tincture of digitalis every three hours, beginning with ten drops at a dose, and gradually increasing to twenty-six drops, which amount was reached, August 8th, in twenty-two days; the dose was then diminished, in consequence of the improvement of the patient, and the medicine was omitted August 12th. The fluid extract of veratrum viride was then substituted for it, beginning with three drops every three hours, and gradually increased to six drops. The compound tincture of iodine was painted daily over the thyroid gland for several days; afterwards, an ointment containing iodide of potassium was used instead of it. Under this treatment, the patient began to improve at once. The thyroid gland first began to diminish, as was recorded, July 23d, six days after her entrance. The palpitation and debility were relieved. August 2d, was recorded:—"Pulse 72; no leucorrhœa for two days; thyroid gland much diminished; improving daily." August 16th:—"Pulse 54; improving in all respects; no leucorrhœa; sleeps well; thyroid gland reduced almost to normal size." August 23d:—"States that she feels perfectly well; no enlargement of thyroid gland; no feeling of discomfort in the eyes, which are still somewhat prominent, but much less so than at

entrance. At her own request, was discharged, well." The duration of her stay in the hospital was thirty-seven days.

The three characteristic symptoms of this remarkable disease—enlargement of the thyroid gland, prominence of the eyeballs, and palpitation of the heart—were all present in the above case. The left side of the thyroid gland was chiefly enlarged, contrary to the rule. Under the belief that the disease was of a nervous character, rather than the manifestation of chlorosis, no iron was given, but a general tonic treatment was adopted, which the result seems to have justified.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY.
BY WM. WARREN GREENE, M.D., SECRETARY.

[Concluded from page 534, vol. lxxvi.]

Sciatica.—Dr. Root reported the case. A man, upwards of 50, was attacked, after exposure to cold and wet, with sciatica, which did not yield to the ordinary remedies. The hypodermic injection of one sixth of a grain of morphia restored warmth to the limb and entirely relieved the pain in twenty minutes. It returned, however, in about sixteen hours. The injection was repeated five or six times, with the same results. A solution of atropia, two grains to the ounce, was then employed, of which about twenty drops were injected. This was nearly twice as much as intended to be used, the peculiar shape of the vial rendering the drops large. The relief from pain was not quite so prompt as from the morphia, but was complete, being preceded and accompanied by well-marked constitutional symptoms which are peculiar to belladonna poisoning. There was no recurrence of the pain.

Spontaneous Amputation.—Dr. COLLINS exhibited a boy who had mortification of the foot and lower part of the leg as a sequel to typhoid fever, in whom spontaneous amputation was allowed to take place, as the friends would not suffer an operation. The process occupied about two months. The stump was a miserable, ill-shaped, unsightly affair, to which it would be impossible to fit an artificial limb, and was a sufficient commentary upon Nature's trustworthiness as an operative surgeon.

Senile Gangrene.—Dr. PITCHER, of Hudson, N. Y., reported a case of senile gangrene of the foot and lower third of the leg occurring in a lady 79 years old. There was no line of demarcation, yet amputation was performed, and the patient got well.

He also referred to a colored family, every one of whose six or seven members had a hemorrhagic diathesis. The least cut was followed by profuse hemorrhage, and they were subject to most alarming attacks of epistaxis, which, if not interfered with, were sufficient to produce syncope. These he was in the habit of controlling readily by the internal administration of belladonna.

Vesico-colonic Fistula.—Dr. Root reported the case of a medical man, who, in 1840, began to suffer more or less pain in micturition, and occasionally passed small quantities of gas with the urine. This was accounted for by his physician upon the supposition that it was caused by some of the urinary ingredients; but soon after he passed strawberry seeds through the urethra, thus demonstrating the existence of vesico-intestinal communication at some point. Upon rectal exploration, one point was found which was thought to be the fistula, and closed by silver sutures. Still the difficulty continued, becoming more and more aggravated, fecal matter passing *per urethram* in considerable quantities, with intense suffering. The rectum was carefully and repeatedly explored by various of the most eminent surgeons in the country, and by one and another of them other points were pared and united, upon the supposition that they were the openings. It is worthy of remark, however, that at no time was an instrument ever known to be carried through one of the supposed openings into the bladder or urethra, to demonstrate positively that what was supposed to be a fistula might not have been a little pocket of the mucous membrane. He was extremely intolerant of examinations, and would never through all his life allow a sound to be introduced into the bladder, nor would he ever take an anaesthetic. In spite of all treatment the malady persisted, varying much at different times; sometimes so frequent and large were the discharges from the bladder as to deprive him of all rest by night and day, he being employed much of the time in injecting the urethra with warm water to soften the faecal matter; and at other times, especially when the bowels were constipated, he would have seasons of comparative comfort. At last, after twenty-six years of such suffering as rarely falls to the lot of a human being, while laboring under a violent exacerbation of the disease he put an end to his life.

The autopsy revealed firm, well-organized adhesion of the lower portion of the colon to the fundus of the bladder, and in the centre of it a smooth circular opening of communication between the two cavities as large as a large goose-quill. The bladder was much contracted, and its mucous coat thickened and indurated. At no other point on its surface, nor along the urethra, were there any evidences of there having been any communication with the rectum, nor was there any such indication presented upon a careful dissection of the connective tissue between the two organs.

Peculiarity of Heart Sounds in Pneumo-hydrothorax.—Dr. GREENE said he had recently seen a patient whose left pleural cavity contained a large amount of liquid and air, in which the heart sounds had a peculiar metallic ring that he had never heard before. They resembled almost precisely the ringing tick of some brass clocks. Dr. Paddock, whose case it was, recognized the same peculiarity. It was most distinctly marked when auscultating posteriorly.

Prof. A. B. PALMER said he had noticed, in one or two cases, a similar character of sound.

Pulmonary Carnification.—Prof. PALMER reported the case of a medical student who had had within a few years repeated attacks of bronchitis and pleuro-pneumonia, which left him weak and with feeble respiration in the intervals. His last attack was acute pneumonia, involving first the left lung, soon extending to the right, and of which

he died in two weeks. An autopsy revealed extensive pleuritic adhesions of both sides, and in both lungs very extensive obliteration of the air-cells and bronchioles by the infiltration in and around them of lymph, which was firmly organized, constituting a sort of carnification. There were no traces of tubercles anywhere.

Ovarian Cyst complicated with Hepatic Abscess and Fistula.—Prof. PALMER also related the following. A maiden lady, aged 40, noticed an increase in the size of the abdomen fifteen years ago. Dr. P. saw her a year ago, with an immense belly. She was then having frequent attacks of vomiting and diarrhoea, in which the matters discharged both from the stomach and bowels were purulent and bilious. She expressed herself as much relieved by this clearance of the gastro-intestinal canal. There was a fistulous opening over the ninth rib on the right side, which discharged a small amount of pus.

Upon tapping, five gallons of serous fluid was removed, after which the abdomen was perfectly flat, and upon careful examination no abnormal growth could be discovered. A few months later she took cold, and again the abdomen enlarged. She was again tapped, and but little fluid obtained. Gastro-intestinal irritation, hectic fever and emaciation supervened, and she gradually sank and died.

Upon opening the abdomen, it was found completely filled by a single cyst arising from the left ovary, and firmly adherent to the liver, which it had crowded upward, and *with a cavity with which it communicated*. The hepatic abscess communicated also with the air through the fistulous opening over the ninth rib. In the bottom of the cyst there was a pint of pus.

Encephaloid Cicatrix.—Dr. FROTHINGHAM had a patient, 35 years old, who had a large scar between the shoulders, the result of a burn when a child. For eleven years little livid, tolerably firm growths had often made their appearance, which she or her friends had removed when small by ligature. In one instance, this was omitted until the tumor got too large, and Dr. F. was consulted. The tumor was as large as an orange, livid, soft, and internally of brain-like structure. Under the microscope, the cells peculiar to such growths were seen.

Peritonitis.—Dr. ADAMS had an ascitic patient, a lady, who had never had acute peritonitis, and who died of cerebral effusion. Upon opening the abdomen *post mortem*, numerous bands of well-organized lymph were found, which were remarkable for their size. One ovary contained small cysts, in which were found locks of hair.

Cholera.—Dr. BABBITT reported seven cases of cholera, occurring in one of the small manufacturing villages of North Adams. Five died, 2 recovered. When called, found them all in a state of collapse, pulseless, cold, clammy skin, profuse colorless evacuations, and severe cramps. The cases, all of which occurred within sixty hours of one another, were all alike essentially except in degree. In the fatal ones, death occurred within twenty-four hours from the collapse. In each instance the collapse had been preceded by diarrhoea. *Treatment.* Externally, warmth to the extremities and sinapisms to the epigastrium. Internally, opium and diffusible stimulants. No local cause could be discovered.

Backward and outward Dislocation of the Radius and Ulna of five

and a half Months' standing.—Dr. GREENE reported the case, occurring in a boy 8 years old. The luxation was successfully reduced.

He also exhibited a *sacculated tunica vaginalis testis*, which was removed from a man aged 55, who had a large hydrocele. The membrane was much thickened, and the lower half of the sac intersected in various directions by fibrous bands and membranous processes, one of which formed an entirely distinctly compartment. The epididymis was the seat of cystic disease, and the testis was therefore removed. About four ounces of fluid occupied the sac of the opposite side, which was evacuated by a free incision, and the wound left open to heal by granulation. Dr. G. said that latterly he operated in this manner altogether in preference to the treatment by injection. He accounted for the uncertainty of the latter mode of operating from the fact that in chronic cases the membrane had oftentimes undergone so much organic change as to resist the action of the iodine. Where any portions of the tissue were excessively thickened these were removed.

Addison's Disease.—Dr. LAWTON reported the case of a man, 35 years old, who had for several years complained of dyspeptic symptoms and general debility. He had practised masturbation to some extent, and was melancholy. For three months previous to his death he had a dry cough, which became loose in the last weeks of his illness. Expectoration purulent. He grew gradually weaker, and at last died suddenly.

The autopsy, made by Dr. L. and Drs. Smith and Paddock, revealed tubercles in both lungs, which in the right had softened, forming three small abscesses. On this side were firm pleuritic adhesions, the result of an old pleurisy. Heart much smaller than usual, with imperfect valvular development, causing insufficiency. The right side filled with a firm, white, *organized clot*. Kidneys a little larger than normal, and preternaturally firm. The supra-renal capsules were much enlarged and filled with a yellowish cheesy deposit. His skin was not "bronzed," although unnaturally dark.

Vomiting in Pregnancy; Death.—Dr. DUNCAN reported a case of obstinate vomiting in the latter months of gestation. The various remedies employed had very little effect, but by rigid abstinence the patient was relieved for two or three weeks. Five days previous to her labor, however, the vomiting returned, and was not controlled, even after delivery, which was easily and naturally accomplished. A short time before her death, which occurred within a week from her confinement, the vomited matters presented a coffee-ground appearance, and she died from exhaustion.

At the autopsy, a small opening, about a line in diameter, was discovered passing through the mucous and muscular coats, between the latter of which and the peritoneal was a minute thrombus. This Dr. Duncan considered sufficient to account for the symptoms and death. The specimen was shown, and presented to the College Museum.

Mulberry Calculus.—Dr. GREENE presented a mulberry calculus, which he removed by the lateral operation from a little boy, 8 years old, from North Adams. The stone was impacted in the anterior wall of the bladder, and some difficulty was experienced in dislodging

it from its bed. Precisely one year previous to this operation, Dr. G. had removed a similar calculus from a boy 5 years old, from the same town. The water in that locality is impregnated with lime. Both patients made rapid and perfect recoveries.

Bibliographical Notices.

Report to the International Sanitary Conference of a Commission from that Body on the Origin, Endemicity, Transmissibility and Propagation of Asiatic Cholera. Translated by SAMUEL L. ABBOT, M.D. Boston : Alfred Mudge & Son, Printers, 34 School St. 1867. 8vo. Pp. 104.

The simple fact that this work, whose title we have given at length, comes before the world with the sanction and authority of the International Sanitary Conference, and is the embodiment of their deliberate judgment, arrived at after a long and laborious discussion and interchange of opinions, is enough to entitle it to confidence. But beyond this it bears within itself internal evidence of having been the result of an exhaustive consideration of the particular questions submitted to the Commission ; and, corroborated as its conclusions have been by the history of the disease subsequent to the time when the report was made, it must stand as the text-book of whoever wishes to learn what cholera is, how it originates, and by what means it has been carried to every quarter of the habitable globe. The professional and indeed the whole community is under the greatest obligations to this Commission, who have thus collected and placed in order the scattered facts which have heretofore only seemed to cause angry discussion, for want of some plan which should bring them together and give them the strength of cumulative evidence. We need only say, with reference to the matter, that it is a work which every one who assumes to give an opinion on cholera, or who desires to study it in all its relations, both to science and the community at large, should carefully and thoughtfully read.

The translator's part has been most admirably performed, and its local interest is increased by its dedication to the memory of Dr. Wm. E. Townsend, through whose kindness the only copy of the original report, so far as can be ascertained, which came to this country, was placed at the disposal of the translator. As a specimen of typography, it will bear comparison with the very best, and the Messrs. Mudge & Son deserve to be congratulated upon the accuracy and excellence of their work.

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[A venerated friend has sent us the following letter on the subject of the above notice, with the request that it might be published. He must excuse us for striking out some passages of an exclusively personal nature.]

This is the *very best* work I have read on cholera. You know I am no *contagionist*, but I have sincere respect for the wise and true who are so. I cannot go with Snow, who tells us that a cook who has just washed out linen in which a cholera patient has died, and who without washing her hands and arms should mix bread or cake, would give the

eater cholera, but with an English reviewer would call the said Snow a "nasty fellow"!

But to your book. I read it *clean* through at a reading, dreadfully defacing its good margins with pencil marks. But why have I read it with so much pleasure? Because of its *clearness*, its simplicity, its truth. It tells its story so clearly that, to quote Scripture, "the wayfaring man, though a fool, need not err therein." How truly do I thank that Commission for its honest, noble truth. Some differed, and said so in the detail; but as a whole, on the final vote, all voted for it.

In says that in 1817 cholera for the first time became endemic in Calcutta. But it forgot to say that it did not strike Europe and the United States till 1832. But in all these intervening years Calcutta was in the closest commercial connection with Europe and America. Troops, with the clothes they *died in*, were daily conveyed home, or rather their clothes, and these were duly washed there, but no cholera appeared. Goods of all kinds were constantly shipped and carried to every seaport in Europe and America, but no cholera. For *fifteen* years not a case of cholera! I said I regretted that the Commission forgot to give these facts. Everything it does give has a stamp of truth upon it, which in the fullest sense shows that it was from carelessness or forgetfulness that it has omitted these important facts. Where did it first appear? If memory serve, at Hamburg in Germany, at Sunderland on Wear in England, and at New York in America. From these places it spread over the two continents.

Is it not a singular fact in the history of cholera that it did not appear in Calcutta before 1817? It was at home in India years and years before. And why at last in Calcutta? An acquaintance, who had as a member of an American firm lived seven years in Calcutta during the cholera, gave me the history of that great city. I say great, for its population was 800,000 always, and reached a *million* yearly, by the merchants and religious orders who annually visited it. What was and is its history? It has no *burial* place; the dead are every morning thrown naked into the Hoogley, a branch of the Ganges, a holy river, and which is regarded as the highway to Heaven! Calcutta has no *drains, sewers* or *privies*. Every family has one or more barrels, in which is put every sort of filth, human and other, and the contents of which are early every morning thrown into the Hoogley, a fresh water river. Calcutta has no wells. "What, Sir," said I, "do the people drink?" "The Hoogley water," said he. "What is the character of the water?" "Excellent!" said my neighbor. "We throw a lump of alum into every barrel, and the water becomes perfectly sweet and pure!"

Recollect, please, that the cholera always exists in India, is indigenous; yet it was never epidemic in Calcutta till 1817! Is not this a most extraordinary fact in our history? You may say that living always in a cholera atmosphere an *immunity* was produced which prevented an epidemic predisposition. Why, then, did it wait to become epidemic in 1817? The laws of nature are like those of the Medes and Persians, or *Prussians*, as an old lady of my acquaintance used to say, "and alter not."

The Commission alludes to one fact in the history which attracted my attention years since, and which has place in a long paper on

cholera which I wrote some time ago, viz., "cholera specially affects fresh-water localities." The Hoogley is a fresh-water river. How stands this statement with regard to cholera in Europe? Precisely the same as is the case in India. London is on the Thames, a fresh-water river. I have stood on one of its bridges at low water, and never did I see a more filthy, loathsome river bottom. Other rivers in England on the banks of which are large cities are as foul as the Thames. I see, in the papers that Parliament has under consideration a most important sanitary subject, viz., the means of supplying cities with purer water. The Commission distinctly refers to this subject, and states the causes of the unwholesomeness of lake and river waters, viz., the decayed vegetable and other matters which fall into them from the growths on their banks and which ooze from the soil around.

How strong is the evidence that cholera especially affects fresh-water localities! America abundantly proves it. Look for a moment at the places in America which suffered from cholera. Philadelphia, with the Schuylkill on one side and the Delaware on the other. New York, with the Hudson and East Rivers, &c. &c. Look at Paris, with the Seine running through it. St. Petersburgh, with its rapid Neva. In this last-named city cholera was most fatal. Merchants in the Royal Exchange fell dead, and so frequent was this that Nicholas had rooms set apart in the Exchange, with physicians and nurses always on hand to attend those who might be attacked by cholera. Nicholas did more. He had hospitals opened in many parts of the city, with physicians and nurses attached. And more—Nicholas would leave Peterhoff, his summer residence, in the night, and go to St. Petersburgh, twenty miles, and visit these hospitals and learn what was their condition.

* * * * * If memory serve, England was first attacked at Sunderland on Wear, a large manufacturing city, situated on a fresh-water river.

Boston, the capital of Massachusetts, is almost surrounded by salt water. It is above three miles in length, and one mile in breadth. It formerly had three hills. Two of them have been removed. Much care has been taken to keep it clean. Its sewerage is excellent. It is supplied with water from Lake Cochituate, about twenty miles from the city. Its present population is about 200,000.

In relation to cholera visitations, I have, by the politeness of the City Registrar, Nicholas A. Apollonio, Esq., obtained the following cholera statistics:—

<i>Date.</i>	<i>Population.</i>	<i>Deaths.</i>
1832	66,754	78
1849	131,650	611
1850	130,881	1
1851	149,508	5
1854	151,976	261
	627,729	956

Remarks.—The great majority of these deaths was among the poor, wretched, careless livers of the place, dwellers in its north and south divisions. Temporary hospitals were built at the recommendation of the late Dr. J. Greely Stevenson, one of the most honored and beloved of our citizens. In one of these hospitals I saw a dead man—young and of very striking muscular development. The *rigor mortis* remained

in its most remarkable form. The attending physician asked me to step in and see this man. Upon striking with the edge of the hand upon the muscles, the limbs were thrown into most violent contractions, viz., the arms when the biceps was struck; the legs when the gastrocnemius muscles were struck; the legs were thrown into most violent action. The man seemed to be alive.

Some time ago, an English journal gave an account of *one*, I think *two* cases of bodies which had died of cholera, and which were about to be buried. As a preparation, cold water was thrown upon the bodies from a height. Universal muscular action followed. At length the chest was seen to heave, under strong action of the pectoral muscles; then respiration began, and life was fully restored. In one case I am sure recovery took place, and I think in two.

In 1850, there was but one death in Boston. Mrs. ——, living in Mount Vernon St., one of the most healthful of all our city residences, ate some strawberries one Sunday evening. In the night she suddenly became very ill, and her physician, the late Dr. John C. Warren, was immediately called. Medication gave no relief, and death occurred the next day. This was unquestionably a case of cholera, and was reported as such to the City Registrar.

Some years after this the following case occurred, and no other one. ——, living on Mount Vernon St., had driven into the country, returned in the evening, called on a friend at the Tremont House, and went home in most perfect health. He went to bed at his usual hour. He had been in bed but a short time, when he was called up in a most violent manner to evacuate his bowels. The quantity passed was enormous, and he took his candle—he always sleeps with one—and examined the water-closet. To his great surprise he found the vessel filled with a liquid of the precise color of milk and water, or rice-water. He was soon after seized with a nausea, unparalleled by any in his life, and vomited a very large quantity of a dark, almost black, soft solid matter, of an odor unlike any ever experienced by him, and nauseous to an unparalleled degree. He with difficulty reached his bed, and, as soon as his family were roused, sent to Dr. ——, his family physician, who at once prescribed medicine. No return of vomiting or purging occurred. On the third day from the attack urine returned, and convalescence gradually occurred.

A question arises—What was this disease? A symptom is omitted—a very slow pulse [no cramps.—Eds.]. It certainly had some of the elements of cholera—the rice-water discharge, and absence of urine. His physician regarded it as a clear case of cholera, with some of its gravest symptoms absent.

The writer, in his inquiry after the occurrence of cholera, and its connection with *place*, has heard from a few of its visitors elsewhere. For instance, Newport, in Rhode Island. It had about 10,000 inhabitants, is surrounded by the Atlantic ocean, and is probably one of the most healthful of places. The cholera occurred there, and some deaths happened. One case occurred which was regarded as an exception to the rule of its non-contagious character. A child was ill. A nurse was sent for, who had recently nursed a fatal case of cholera. The nurse came. The child was attacked with cholera and died.

Providence had cholera. This city is situated at the head of the

tide-waters of Narraganset Bay, about thirty miles from the Atlantic ocean. Its shores are thus washed by salt water. Cholera occurred. It was confined to a hill on the outskirts of the city. Its inhabitants were in the most wretched condition of poverty and filth. The houses were wretched. Hogs were kept in the cellars. The privies were full to overflowing. Near these abodes was a pond. Evaporation by the sun's heat had reduced it one half, and the remaining water was putrid. These people were attended by the best physicians of the city. Dr. Snow, the City Registrar, was most faithful to his duties. The clergy, many of them Catholics, with their accustomed and honored fidelity to duty, fearlessly visited these wretched people. Everything was done for their relief, but with only the smallest success. Now the question may arise, did not these clergymen and physicians carry cholera into the city? The Registrar's report states that a very few had cholera, and most of these occurred among the few blacks in the city. The number of inhabitants in Providence proper was between 40,000 and 50,000.

The writer met in the street one day a physician from Bangor, in the State of Maine, and asked him if cholera had reached that remote town. The Doctor said, "Yes." "What was the number of deaths?" "Only two or three," said he. The writer remarked that that was a small number, as Bangor was surrounded with *fresh water*. "You are mistaken, Sir," he replied, "Bangor lies on the Penobscot River, which is salt at that place."

The Conference shows the effects of situation on febrile and other diseases. Humboldt and Lord Wellington have similar views—the first as a traveller, the second as a warrior. The latter says, whenever his Indian armies were attacked with fever, he marched them up hill with perfect success. In the Registration of England, altitude in its effect on disease is very admirably shown by diagrams indicating the effects of various elevations. If memory serve, one hundred and fifty to two hundred feet elevation is quite enough to prevent diseases connected with position.

The Conference speaks of granitic formation as preventing cholera. Some years ago, speaking with a friend on this subject, he said that that formation had doubtless an agency in preventing the existence of cholera.

There is one subject treated by the Conference of the utmost importance—I mean *immunity*. If the report contained nothing else, I should welcome it as a most valuable document. It is most simple in its philosophy, and most important in its effects. It is the surest preventive of *fear*, and beautifully teaches how this immunity may be the blessing of all.

W. C.

THE Fifteenth Annual Meeting of the American Pharmaceutical Association will be held in New York on the second Tuesday in September (10th), in 1867.

Rush County, Indiana, has a population of 40,000, and has not within its borders a single irregular practitioner. This fact is creditable alike to the physicians practising there and to the inhabitants.

Of 387 matriculants of the Breslau University, 126 had normal vision, and 230 (or two thirds) were short-sighted, the remaining 31 having some other anomaly of vision.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THE TURKISH OR ROMAN BATH.

WE desire to say at the outset, that we have never been inside of a Turkish bath anywhere, and therefore what we have to say has no reference whatever to any bathing establishments in this city.

There are not wanting books of travel and descriptive treatises to put us in possession of the facts relating to the Thermae, the Balneæ and the Hamâm; and as the so-called Turkish Bath, or Hamâm, has latterly come much into vogue in England, and is beginning to be imitated in this country, a brief review of the subject seems to us not inappropriate.

A writer in one of last year's numbers of the *British and Foreign Medico-Chirurgical Review* speaks of the bathing or rather sweating process lately introduced into England by Mr. Urquhart as improperly called the "Turkish Bath," because in the latter, hot vapor is used, while in Mr. Urquhart's arrangement the principal agent is heated air. But, it is stated by others that the amount of vapor in the Turkish bath is inconsiderable; that what there is diminishes the amount of sweating—is an imperfection; a portion of what is taken for perspiration being merely the condensation of the vapor on the surface of the body. The essential things in both the Turkish and the Roman baths are the production of profuse perspiration by heat, together with certain frictions and manipulations. The subsidiary conditions in them are not materially different. In the Roman bath there was hot air, with, if any, but a slight amount of vapor intermingled; in the Turkish there is, if more, still an inconsiderable addition of moisture; in Mr. Urquhart's process, dry air is said to be used. In all three the result obtained is the same, viz., sweating. Although it is claimed that the arrangement now used in England is conformed to the Roman system, the former has, at all events, got the name of the Turkish bath.

The earliest remains of ancient baths which have been found are, or were, at Baalbec. From Phenicia the knowledge of them spread east and west, and especially to Greece, in which country they became celebrated for their magnificence. There, some of them were annexed to the Gymnasia or Palaestra, while others were for the use of the public. In Athens and Sparta they, together with athletic games, were provided for the people by the heads of government, who would have considered themselves wanting in their duty if they had not made such provision.

But in Rome, and until the seat of government was transferred to Constantinople, the *balneæ** were carried to such an extent and splendor that the *thermae* of the ancients have received the generic term of the "Roman Bath." There were at one time in Rome no less than 850 balneæ or thermae, among which were buildings that were masterpieces of architecture. The Baths of Caracalla

* *Balneæ*, public baths; *balneum*, private bath.

were a mile in circumference, and yet they were surpassed in magnificence by those of Diocletian, which occupied 140,000 men many years in their construction. Remains of these favorite structures of the Romans have been found in many of the countries where that people extended their sway, not excepting "Britain." It was at the period of the greatest luxury and effeminacy of the nation that the bath was in its glory. A considerable portion of each day in the week was devoted to it; and it was the scene of much of the social intercourse and even gossip of the time. Though originally resorted to for the purpose of renewing the strength, or counteracting the effects of the nightly debauch, it became itself a luxurious diversion, and even a dissipation. When Christian manners took precedence of those of paganism in the West, the Roman bath fell into disuse, on account, as some suppose, of the excesses and immoralities connected with it. The Goths also, who overspread Western Europe, failed to adopt it. The Roman Imperial Government, however, lingered in the East, with Constantinople for its centre, for some centuries after the Western Emperors had yielded their power to other hands. When Byzantium and the Eastern Empire was conquered by the Turks, the victors, like the Goths in the West, found the *balneæ*, but, unlike the German invaders of Italy, they took possession of them, and retained them under the name of the *Hamám*. The Mussulmans had been "the filthiest of mortals; they had even instituted filth by laws, and consecrated it by maxim. Yet, no sooner did they see the bath than they adopted it; made it a rule of their society, a necessary adjunct to every settlement; and Princes and Sultans endowed such institutions for the honor of their name."

(Urquhart.)

The Turkish Bath—the modern representative of the *thermae* or *balneæ* of the ancients—has been described by Eastern travellers, but by none, perhaps, better than Mr. Urquhart, in his book entitled "The Pillars of Hercules," published in 1850. Dispensing with his glowing and almost Eastern rhetoric, we condense his description into the following account of the *Hamdm*. There are three essential apartments in which "the five acts of the drama" are performed. The first hall—*mustaby* or *apodyterium*, open to the outer air—is for the removing of the outer garments and the donning of the bathing apparel, and also for the closing act of the "drama." The middle chamber is the *tepidarium*, where the heat is moderate and the moisture slight. The inner hall—the *sudatorium*—is properly the *therme*, and there the highest temperature is provided, while the air is filled, not with dull and heavy steam, but with "a gauzy and mottled vapor." This vapor is obtained by throwing water on the hot floor, and its clearness comes from the equal temperature of the air and walls.

The first "act" consists of the "seasoning of the body," and is performed in the middle chamber, or *tepidarium*. The second act is the "manipulation of the muscles"; the third, "the peeling of the epidermis"; the fourth, the "soaping"; these three performances being conducted in the inner chamber—the *sudatorium*. The fifth act, or rather the closing tableau, occurs in the hall first entered—the apodyterium—where the patient is led to the "bed of repose," and is furnished with coffee, sherbet, and the pipe. A solid repast is sometimes taken here.

The "bathing dress" consists of three towels—one wrapped, as a turban, around the head; the second bound round the loins (the *præcinctorium*) and sub-

ligaculum of the ancients); the third thrown over the shoulder like a scarf. While the patient is changing his linen, a cloth is held before him by two attendants, a scrupulous regard to decorum being observed during the entire sojourn in the establishment.

The "seasoning of the body" is accomplished by reclining for a time in the "tepidarium," where a delicate manipulation is undergone, which does not amount to shampooing. A boy kneels at the feet and chafes them, or behind the cushion of the patient, at times touching or tapping him on the neck, arm, or shoulder, in a manner which causes the perspiration to start. Coffee and pipes are served, and here conversation is carried on and acquaintances made.

Transferred to the "sudatorium," when the skin has been found to be in the proper state, the subject, now divested of all wrappings save the scarf about the loins, is laid upon his back, and undergoes the "manipulation of the muscles" by the *tellak* (*tractator* of the Romans), who "kneels at your side, and, bending over, gripes and presses your chest, arms and legs, passing from part to part like a bird shifting its place on a perch. He brings his whole weight on you with a jerk, follows the line of muscle with anatomical thumb, draws the open hand strongly over the surface, * * stands with his feet on the thighs and on the chest, and slips down the ribs, * * * putting an arm under the back, and, applying his chest to your crossed elbows, rolls on you across till you crack. * * * You are then raised for a moment to a sitting posture, and a contortion given to the small of the back with the knee, and a jerk to the neck by the two hands holding the temples."

The peeling of the epidermis, or the *shampooing*. The patient is seated on a board, with a copper cup to throw water, of such temperature as may be agreeable to him, over his person when it is wanted. "The *tellak* puts on the glove—it is of camel's hair, not the horrid thing recently brought forth in England. He stands over you; you bend down to him and he commences from the nape of the neck in long sweeps down the back, till he has started the skin; he coaxes it into rolls, keeping them in and up till within his hand they gather volume and length; he then successively strikes and brushes them away, and they fall right and left as if spilt from a dish of macaroni. The dead matter which will accumulate in a week forms, when dry, a ball of the size of the fist. I once collected it, and had it dried—it is like a ball of chalk: this is the purpose for which the *strigil* was used."

Hitherto no soap has touched the skin, as it would spoil the shampooing. But now the body is copiously soaped and washed twice, and finally has a bowl of hot water dashed over it. Hot, dry cloths are applied, and the patient returns to the outer hall, "shining like alabaster, fragrant as the cistus, sleek as satin, and soft as velvet." This first or outer hall—the "apodyterium"—corresponds to what was anciently called the *frigidarium*. Here the Romans practised the cold immersion. The Turks throw cold water on the feet only. But a boy drives cool air upon the partially cuticle-less subject with a fan, the object being to prevent the perspiration from breaking out anew.

Such is the Turkish bath, from which Mr. Urquhart has modelled the process he has introduced into England, except in so far as he has abolished the moisture from the hot air employed.

The process is obviously scarcely a *bath* at all, in the common acceptation of

the word. It consists essentially in the production of profuse sweating, and in the removal of the outer layer of epidermis from a large portion of the body. According to Krause, quoted by Dalton, the whole number of perspiratory glands is not less than 2,300,000, and the average quantity of fluid lost in twenty-four hours by cutaneous perspiration, has been calculated to be nearly two pounds avoirdupois. When, therefore, such a powerful engine as the skin is stimulated to high pressure, it is evident that an important impression for good or evil must be produced upon the system. Add to this the denuding of the epidermis, a substance provided in the natural arrangement of the body, for some definite purpose undoubtedly, and we have in the Turkish bath an agent highly artificial as well as of great power.* The burden of proof rests upon those who recommend its employment. In consulting recent monographs upon the subject, we cannot help receiving some of them *cum grano salis*, so enthusiastic are they, almost to fanaticism. Other writers, we presume, are subject to the influence of a certain bias from a proprietary interest in establishments for conducting the process in question.

In addition to the exquisite pleasurable sensations, and the relief from fatigue produced by it, we would mention that the diseases which are said to be benefited by the hamâm take a wide range—from rheumatism to cutaneous affections; though their enumeration is accompanied with the usual disclaimer of an expectation to cure all the ills that flesh is heir to. Eminent names are also quoted as to benefit derived from it in this or that disorder. Thus, Sir Benjamin Brodie is quoted as declaring that “the hot-air baths are of great use in dyspeptic and gouty habits, and in those who lead inactive lives.” But we have failed to meet with any well-earned clinical results deduced from the comparison of large numbers of cases. We think people should hesitate to use the remedy without the advice of a physician, and that if medical men prescribe it they should do so tentatively and with discrimination. We believe, for instance, that some of the ill effects of a sudden chilling of the surface may be checked by the induction of profuse perspiration, and we suppose the latter may perhaps be brought about more pleasantly by the Turkish bath than by a “lamp bath” taken at home.

The hamâm has been proposed as a hygienic measure for persons of sedentary habits, on the ground that it is requisite for the skin to be thrown occasionally into violent action, to compensate for the want of the daily perspiration which is the privilege of him who earns his bread by the sweat of his brow. But we cannot help thinking that the student or the writer would more wisely seek the preservation of health by exercise in the gymnasium or in walking, together with the practice of those ablutions which good breeding prescribes.

As a luxury, or to counteract undue fatigue, we presume the Turkish bath may be indulged in, *once in a while*, with impunity, by those who are not suffering from debility. But we should say that the benefit of a weekly resort to it can hardly be inferred from the practice and present condition of so enervated a people as the Turks. Much less can we safely follow the example of the Romans in their days of effeminacy.

* The “peeling of the epidermis” seems not always to be practised in the Anglo-Turkish bath.

THE so-called "Black Death" has been identified by Irish observers with the "spotted fever or cerebro-spinal meningitis" of this country; with the "cerebro-spinal arachnitis" of the Irish work-houses in 1846; and the "epidemic cerebro-spinal meningitis" of the Continent. The term "malignant purpuric fever" has been assigned to it by Dr. Stokes. But we would suggest that this denomination is open to the same objection which lies against our old name "spotted fever," that in many cases there is no discoloration of the skin; and to the additional defect that the spots, when they do occur, are not always purpuric.

We believe that no one pathognomonic and constant symptom has been discovered, on which to base a suitable appellation. If it be proved that the disease does not consist primarily and essentially in meningeal inflammation, the designation proposed by Dr. Levick, of Philadelphia, viz., "cerebro-spinal fever," would seem to conform, as nearly as any which have been suggested, to the pathological condition.

Why they have Cholera in Kansas.—A writer in one of the Western papers explains the apparent anomaly of cholera raging on the open plains of Kansas, but sparing the crowded cities of the East. He says that the prairies are thronged with cattle and small animals that die in great numbers, with nothing but the buzzards to take care of their remains. Even in the villages and cities nobody ever thinks of covering such carcasses with a shovelful of earth, though the effluvia proceeding from them may be almost overpowering. * * * In addition to this, the Kansas people take little or no exercise with their feet; they take no pains to have pure water or enough of any kind, and consequently their clothes and premises are not clean.—*Boston Journal*.

Why the cholera spares "the crowded cities of the East" is hardly explained above, as there is yet filth enough in some of them. Cholera does not always go where there is uncleanliness, though where that condition does not exist, it has not, as we have lately said, prevailed in large measure. It remains to be seen, also, whether or not this portion of the continent be free from the disease as an epidemic this season—whether or not the wave of epidemic influence have passed over.

DR. A. CHERNEAU says, "A certain odor of cholera still pursues us, but the scourge has passed by. There is no reason at present to fear that it will rage anew in our country [France], and yet the provincial journals are filled with discussions and memoirs on the subject."—*Union Médicale*.

THE Committee on Insanity in England have just published their annual report, from which it results that the number of the insane in Great Britain at the commencement of the year 1867 was 49,082, being 15,081 more than at the same period of any of the preceding ten years. * * * Of this number, only ten in a hundred offer any hope of cure.—*Ibid.*

Le Montpellier Médicale announces six new operations for vesico-vaginal fistula by the American method—all followed by recovery. They were performed by Prof. Courty.

ANOTHER of the lights of modern surgery is extinguished. Sir William Lawrence died on the 8th of July, at the age of 84 years.

Confirmed.—We are pleased to notice among the recent confirmations by the Senate that of J. H. Baxter, U. S. Vols., late chief medical officer of the Pro-

Provost Marshal General's Bureau, as assistant medical purveyor, U.S.A., with the rank of lieutenant-colonel. Dr. Baxter served with great credit during the entire war, and this mark of appreciation of his services by the Surgeon-General, Secretary of War, the President, and the unanimous voice of the Senate, must be peculiarly gratifying to his friends, and to the late surgeons of boards of enrollment throughout the United States. This promotion will not interfere with the completion of the medical report of the Provost Marshal General's Bureau, upon which Dr. Baxter is now engaged, in accordance with a resolution of Congress.

On the Production of Sexes.—M. Coste has been led to doubt the truth of the hypothesis, propounded by M. Thury, which supposes that every egg passes, during the period of its maturation, through two successive, but continuous, phases, during each of which it has a different sexual character. If fecundated in the first half, it would be a female; if in the latter, a male. From experiments on fowls, the author shows that the sexes are produced indifferently from eggs taken at the beginning, middle, or end of the laying. With regard to rabbits, M. Coste finds the same irregular result; in fact, altogether a larger number of males were born at the commencement of maturation. M. Thury's law is, therefore, not applicable to such mammals or to birds. The author is continuing his experiments to determine whether it holds good even in the bovine mammals, which M. Thury made the subject of his investigation.—*Annual of Scientific Discovery.*

Cause of the Redness in Inflammation.—Drs. Estor and St. Pierre (*Mémoires de la Société de Biologie*, 1865) have made investigations on the pneumatology of the blood coursing through inflamed parts, as the foot of a dog seared with the actual cautery. They estimated the amount of oxygen present by treating the blood with carbonic oxide, as recommended by Bernard, and obtained the following results:—

Experiment.	<i>Inflamed Side.</i>		<i>Sound Side.</i>
	Amount of O. in 100 parts of (venous) blood.	Amount of O. in 100 parts of (venous) blood.	
1	6.01		2.41
2	6.04		2.40
3	4.74		2.36
4	3.60		2.40
5	4.80		2.40

They conclude from these and other experiments:—

1. That the venous blood returning from an inflamed part contains more oxygen than the sound side, the proportion being as 1:1.5 or 2.5.
2. That the venous blood of the inflamed side contains more carbonic acid; and—
3. That it is to the excess of oxygen in the venous blood, rendering it of brighter tint, that the increased redness of an inflamed part is due.—*Ibid.*

A new Anæsthetic.—We are glad to announce the introduction of a new anæsthetic, which, if further experience confirms the results hitherto obtained, promises to be of remarkable value. Dr. Protheroe Smith has been making some observations on the administration by inhalation of the tetrachloride of carbon (C Cl₄), of which we wait for a fuller account. In the meantime, from our own observation, we may state in favor of this agent, that it has a pleasant odor, somewhat resembling that of the quince. We understand that anæsthesia is rapidly produced by it (in some cases in the space of half a minute), that the condition appears to be easily sustained with or without entire loss of consciousness, and that the effects pass off very quickly. There is not usually, we learn, any excitement or struggling before anæsthesia supervenes, and its use is not followed by the sickness which is sometimes so troublesome a feature from the administration of chloroform. A point of great interest in relation to tetrachlo-

ride of carbon is the property which we are told it possesses of allaying pain from any cause. In a large number of instances it has been successfully employed for the relief of headache and dysmenorrheal suffering. Dr. Protheroe Smith has found it of great value in inducing quiet and refreshing sleep. He has also employed it in midwifery, and finds that it removes pain without necessarily destroying consciousness or interfering apparently with the expulsive efforts of labor.—*London Lancet.*

It will be seen, by our advertising sheet, that the fifth edition of Dr. Parsons's "Physician for Ships" has just been published. Dr. Parsons's former experience as a Surgeon in the Navy, and his opportunities for observation and practice during so many succeeding years, are sufficient guarantees for the value of his work, and we have no doubt it is often found of great service in those numerous instances on shipboard where the aid of a physician cannot be obtained.

We are glad to state that a Venereal Department has been organized at the Boston Dispensary. It will go into operation next week, under the charge of Drs. Greenough and Monroe.

THE Report of a commission of the International Sanitary Conference, noticed in this week's JOURNAL, is for sale by Campbell, 18 Tremont St.

**VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, AUGUST 3d, 1867.**

DEATHS.

	Males.	Females.	Total.
Deaths during the week	41	37	78
Ave. mortality of corresponding weeks for ten years, 1856—1866	52.5	55.5	108.0
Average corrected to increased population	60	60	119.08
Deaths of persons above 90	0	0	0

NOTICE.—Part LV. of Braithwaite's Retrospect was mailed from this office on the 2d inst to the members of the Massachusetts Medical Society who have paid their assessments for the year 1867—68. Members who have paid and do not find the books at their postoffices, are requested to forward their vouchers to the Librarian, care of D. Clapp & Son, Medical and Surgical Journal Office, 334 Washington St., Boston.

THE TITLE-PAGE AND INDEX of the last volume of the JOURNAL will be sent to subscribers with the next issue.

CORRECTION.—In last week's JOURNAL, in Dr. Channing's paper on the treatment of pneumonia, after the recipe read "Take one pill, and one every six hours after. Recovery good; no ptyalism."

PAMPHLETS RECEIVED.—Report of the Board of Health to the Common Council of the City of Troy, N. Y.—Transactions of the Indiana State Medical Society at its 17th Annual Session, May, 1867.—Nineteenth Annual Catalogue and Report of the New England Female Medical College.—Report of the Commissioners of Emigration of the State of New York, for the year 1866.

DEATHS IN BOSTON for the week ending Saturday noon, August 3d, 78. Males, 41—Females, 37. Accident, 1—apoplexy, 1—disease of the brain, 2—inflammation of the brain, 1—inflammation of the bowels, 1—cancer, 2—canker, 1—cholera infantum, 15—cholera morbus, 1—consumption, 7—convulsions, 1—diarrhea, 1—dropsy, 2—dropsy of the brain, 4—drowned, 1—dysentery, 6—epilepsy, 1—fever, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 3—congestion of the lungs, 1—inflammation of the lungs, 4—old age, 1—paralysis, 2—peritonitis, 1—premature birth, 2—smallpox, 1—syphilis, 1—uræmia, 2—unknown, 5.

Under 5 years of age, 40—between 5 and 20 years, 9—between 20 and 40 years, 11—between 40 and 60 years, 8—above 60 years, 10. Born in the United States, 66—Ireland, 9—other places, 3.